

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO: **10/585012**  
FILING DATE: \_\_\_\_\_  
APPLICANT(S): \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		3		1			54						
5		⑦		1			55						
6		⑨		1			56						
7		⑩		1			57						
8		⑪		1			58						
9		⑫		1			59						
10	1		1				60						
11		1		1			61						
12		2		1			62						
13		②		1			63						
14		③		1			64						
15		④		1			65						
16		⑤		1			66						
17		⑥		1			67						
18		⑦		1			68						
19		⑧		1			69						
20		⑨		1			70						
21		⑩		1			71						
22		⑪		1			72						
23		⑫		1			73						
24		⑬		1			74						
25		⑭		1			75						
26		⑮		1			76						
27		⑯		1			77						
28	1		1				78						
29	1		1				79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		4		1			83						
34		4		1			84						
35		4		1			85						
36		⑥		1			86						
37		⑦		1			87						
38		⑧		1			88						
39		⑨		1			89						
40		⑩		1			90						
41		⑪		1			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	49	←	37	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	53		38				TOTAL CLAIMS						